

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: BOZIDAR FEREK-PETRIC
 SYSTEM FOR REMOTE COMMUNICATION WITH A MEDICAL DEVICE

07/07/99
 Assistant Commissioner for Patents
 Utility Patent Application
 Commissioner of Patents and Trademarks
 Washington, D.C. 20231

07/07/99
 U.S. PTO
 09/248506
 Jel35

Sir:

We are transmitting herewith the attached:

Patent Application Transmittal

Specification:
 Total pages: 28 (including claims and abstract: Spec. 22 sheets; Claims 5 sheets; Abstract - 1 sheet.)

Drawings:

Total sheets: 14
 formal informal

Combined Declaration and Power of Attorney:

UN-signed

copy from prior application

Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

Notification of filing a

Assignment of the Invention to Medtronic, Inc.

Assignment cover sheet of prior application

Information Disclosure Statement

PTO Form 1449

Copies of IDS citations

Preliminary Amendment

A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

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IF A CONTINUATING APPLICATION:

Continuation Divisional Continuation-in-part (CIP)
 of prior application No. _____.

Amend the specification by inserting before the first line the sentence: This application is a continuation
 division continuation in part of application number _____, filed _____.

Cancel in this application original claims _____ of the prior application before calculating the filing fee.
 (At least the original independent claim must be retained for filing purposes.)

The prior application is assigned of record to Medtronic, Inc.

The Power of Attorney in the prior application is to: Medtronic, Inc.

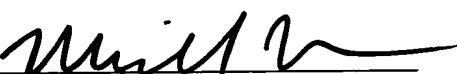
This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	35	20	= 15	x 18	\$270
Independent Claims	02	03	= 00	x 78	\$
Multiple Dependent Claims				+ 260	
Basic Filing Fee					\$ 760
				TOTAL	\$1030

Charge Deposit Account No. 13-2546 the sum of \$1030.00 (Filing Fee) for a total of \$1030.00.
The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

23 July 97



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